

X12-22-2008

New App Fee is \$133.33 based

on 600 gpm

State of Washington Application for a Water Right Permit

☐ SURFACE WATER ☐ GROUND WATER ☐ Permanent ☐ Temporary ☐ Short Term

A PEASTERN REGIONAL OFFICE

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50,00 PAYABLE TO

Address: 2040 Getter Rd. / 708 City: Pasco Email Address (optional): COII & D. B.	Ranch 7	100 -11 PM 1 1 1	a. Fra Bin 1
City: Fasco Email Address (optional):		509 234 3	9400 509 947 S
	3137	State:	Zip: 9433
COTTINE COSCIE	(° a m	COPI	9130
Contact Name (if different from above):		Phone No:	Other No:
Relationship to Applicant:			
Address:			
City:		State:	Zip:
Email Address (optional):		1	
Section 2. STATEMENT OF	FINTENT		
	ate (check one box only) ubic Feet per Second (CFS)	Acre-Feet per Year (AF/YR)	Period of Use (Continuously or Sea
	allons per Minute (GPM)	(If known)	S. ~5
Frigation	788		
TOTAL:			

	Source	B.) If Ground Water Source		
Spring Creek C	River Lake	Well(s) Other:		
Source Name:		Well diameter & depth: 12 " X 700'		
Tributary to: Number of proposed diversion points:		Number of proposed points of withdrawel.		
		Do you have an existing well? A YES NO		
		If available, attach Water Well Report and pump test.		
	diversion? YES NO	Well Tag ID No. EXEMPT		
C.) Point of Diversion	n/Withdrawal – Legal Desc	cription		
Parcel No.		ownship Range County		
Lot(s)	NE SE 30 Block(s)	12 32 E FRANKLIN Subdivision		
		E 1/2 Sec 30		
f known, enter the dista	nces in feet from the point of c	diversion or withdrawal to the nearest section corner:		
	South) andfeet (NE SE) corne	1		
Parcel No.		ownship Range County		
	Journal I	- County		
Lot(s)	Block(s)	Subdivision		
(flanous antar the dista	mag in fact from the point of a	diversion or withdrawal to the nearest section corner:		
	INE SE corner	of Section (UN KNOWN) h additional information on a separate sheet of paper.		
o you own the land on voice the owner name (so J. M. Cold Section 4. PLACI ttach a copy of the legatete contract, property	which the proposed point of divuthority to make this application, address, and phone number:	of Section		
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o you own the land on vono, do you have legal at rovide the owner name (so J. M. Coll) Section 4. PLACI ttach a copy of the legal tate contract, property The Past VA VA Sect VE SE 3	which the proposed point of divuthority to make this application, address, and phone number: A PROPERTY OF USE All description of the property of deed or title insurance policy of the property of the prop	of Section		

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

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Section 5. WATER SYSTEM DESCRIPT	TION
Describe your proposed water system (include type and s	0
source): 12" well provide	ing water for circle
irrigation of 250	acres at a rate
of 600 called per A	vinute, Seasonal usi
for waterila grain - fe	ed crops. Due to term
of glass for Requitting 1	process; equipment data wil
te amended as condition	a approval process.
Section 6. DOMESTIC WATER SUPPL	V SYSTEM INFORMATION ALLA
Complete A or B, and C below	A STOTEM INTORMATION
A.) Domestic Water Systems only	B.) Municipal Water Systems only
A.) Domestic Water Systems only	(defined under RCW 90.03.015)
Designated womber of commentions to be seemed.	
Projected number of connections to be served:	Present population to be served water:
Type of connections:	Estimate future population to be served:
(e.g., home, recreational cabin)	(20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Was	shington State Department of Health, Drinking Water
Division? YES NO	
If yes, date plan was approved/ Wa	ater System Number:
Annual Control of the	
Name of water system:	
Are you within the service area of an existing water sys	stem? TYES TNO
If yes, explain why you are unable to connect to the sys	лет:
C IDDICATION/CTOCKWATE	ED (OFFIER EL DRE LICEC
Section 7. IRRIGATION/STOCKWATE	ER/OTHER FARM USES
T. 7. 4.	
Irrigation	051
Total number of acres requested to be irrigated under this	
NOTE: Outline the area to be irrigated on your attached	d map.
Stockwater	
List number and kind of stock:	
Is the proposed project for a dain, formed Taylor Taylor	
Is the proposed project for a dairy farm? YES NO	
Other Proposed Farm Uses	
Describe all proposed uses:	

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Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- · Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? TYES NO
Do you have a controlling interest in a Family Farm Development Permit? YES NO
If yes, enter Permit No:
Section 8. OTHER WATER USES
Hydropower WA
Indicate total feet of head and proposed capacity in kilowatts:
Describe works:
Indicate all uses to which power is to be applied:
FERC License No:
Mining/Industrial Use
Describe use, method of supplying and utilizing water:
Other Use
Section 9. WATER STORAGE
Will you be using a dam, dike, or other structure to retain or store water? ☐ YES 🛣 NO
Are you proposing to store more than 10 acre-feet of water? YES NO
Will the water depth be 10 feet or more? YES NO
If you answered yes to any of the above questions, please describe:
NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest poi and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.
Section 10. DRIVING DIRECTIONS
Provide detailed driving directions to the project site: From Eltopia WA Feest
Blanton Rd (6 miles) then fast my protust
Red 3 1
Sil siz miles. Site of project is chartle
J.W.
Site Address: / Mile east of I-we Corners and Est
Overturt Rd., FASCO WA 97301
ECY 040-1-14 (Rev. 10/08) [4]

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600.

Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Scott J. Collens Print Name	Signature Su	12-15-08 Date
(Applicant or authorized representative) /	
Colley Famly Trust Print Name (Landowner of Place of Use)	Signature Signature	(POA) 12-18-08 Date
Print Name (Landowner of Place of Use)	Signature	Date
(Editativitation of Frace of Ose)		

Submit your application to: DEPARTMENT OF ECOLOGY

CASHIERING SECTION

PO BOX 47611

OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.

Southwest Northwest Central Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300 Northwest Regional Office: 425-649-7000 Central Regional Office: 509-575-2490 Eastern Regional Office: 509-329-3400

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